

FILED FEB 11 1942

Registration District No. 668

Primary Registration District No. 5891

Registrar's No. 342

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Spring Fork (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
one mile east of Spring Fork
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Darlene Ann Erisbie

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 5, 1937
(Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Spring Fork, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Lloyd Erisbie

13. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Vallie Burns

15. Birthplace Benton County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Erisbie (father)

(b) Address Route 1, Spring Fork, Mo.

17. (a) Burial (b) Date thereof Jan. 22, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel

18. (a) Signature of funeral director Duane Euring

(b) Address Sedalia, Missouri

19. (a) 1-22-42 (b) M. D. Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Spring Fork
(If outside city or town limits, write "RURAL")
(d) Street No. one miles east of Spring Fork
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1942 hour 4:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 19 to Jan 20 1942
that I last saw her alive on Jan 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria
Due to Laryngeal

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Sedalia (M. D. or other) _____

Address Sedalia Mo Date signed 1/21/42

RECEIVED

District Health Officer No. 8,

License No. Number-----

2-14-42-----

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-----

-----, Registered Apprentice No.-----,
working under my personal supervision.

Signed-----

Licensed Embalmer No.-----

P. O. Address-----

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.